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Exploring the Experiences of Parents and Carers Whose Children have been subject to Child Protection Plans

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Abstract

This study explored the experiences of 42 families in three Local Authorities in Northern England in 2009. Out of the families involved, 25 highlighted domestic abuse and mental health issues, and 21 identified drug or alcohol issues as impacting negatively on their parenting. Most parents had positive experiences of help with drug / alcohol issues, and many were motivated to overcome their problems by a desire to continue (or resume) looking after their children. Parents experiencing domestic abuse or allegations of child sexual abuse were less positive. Parents had a clear understanding of the responsibilities of Child Protection social workers. Three-quarters of families were able to identify positive qualities in the professionals who supported them; they had a positive view of inter-agency communication. They did not expect an equal role in decision making. Parents' and professionals' views tended to converge over time.

Absorbing information at the start of the process was difficult for many parents. Most found Case Conferences daunting and intimidating, and reports often reached them too late. Parents were critical of assessments using a deficit model; they received too little therapeutic help for themselves and their children.

Key Words: children; parents / carers; safeguarding; child protection; agencies

Introduction

This article reviews literature covering parental perspectives about child protection; the background to the research and the methodology adopted is described; research findings, and discussion of the main conclusions are included. The research design was a qualitative study in three local authority areas using self report data from parents and carers of children subject to child protection plans, using semi structured interviews. The article explores power differentials between service users and professionals, opportunities for building effective relationships; and the relevance of concepts of partnership, and family involvement in decision making in the safeguarding arena. Key areas for improving practice are identified.

Literature Review

The Cleveland Report (1988) and the Children Act (1989) led to a focus on parents being made aware of their rights and recognition of the support required by families during Child Protection investigations. The predominant mode of thinking was that involving service users in decisions about the provision of services was both a more ethical and effective way of working. Cleaver & Freeman (1995) argue that: *"Since the majority of abused children remain at home, or eventually return, it is important that parents should feel their views have been respected by professionals, particularly when the suspicion of abuse is first investigated"* (p. 8). They further suggest that the treatment a family receives is likely to determine the extent to which the family will co-operate with the agencies, and that the quality of the families' experience may well be an influential factor in the ability of agencies to adequately monitor the well being of vulnerable children.

Thoburn, Lewis and Shemmings (1995), in their extensive study of social work practice found that half the parents in child protection cases thought that they were helped or supported by their social worker. It was rare for family members to be involved in decisions about registration, protection plans and help offered, although more parents (about two fifths) were

informed or consulted. Outcomes improved if agreement was reached about the severity of the abuse, and where workers were able to spend time with family members, understanding the families' point of view.

Buckley et al (2008) found that most families experienced high levels of stress during Child Protection investigations; the discovery of child abuse was disabling for parents, and the after effects of allegations of child sexual abuse affected families adversely long after the abuse stopped. Cleaver and Freeman (1995) noted that whilst child protection investigations may be routine for professionals, for families they can be a traumatic event that seriously disrupts family life.

Research findings about parents' experience of Child Protection procedures have been mixed. McGee and Westcott (1996) found that most studies showed that parents' experience of Case Conferences were positive. However, Corby et al (1996) in their study of parental participation in Case Conferences found that many parents felt they were objects in the assessment process, rather than participants. Bell (2003) found that the presence of family members in case conferences improved the quality of information available and helped professionals appreciate the parental perspective. Although most families felt they had not influenced conference decisions, three quarters felt that they had been fairly treated, and this seemed to lessen feelings of anger, to encourage a more rational response, and to allow for a more positive social work relationship to develop. Calder (1990) found that Core Groups, providing opportunities for parents to meet with professionals they knew well in a more informal environment, worked well.

Bilson (2002) found that families' views of services received related strongly to their relationship with social workers. In Dale's (2004) study of Child Protection services, families valued social workers *"being supportive, listening carefully, promoting co-operation, being matter of fact and being human"* (p149). Spratt and Callan (2004) found that parents rated the attitude of the social worker and her ability to make and sustain relationships with both parents and children as key factors; empathy and communication skills were much appreciated. Hardy and Darlington (2008), in their intensive study of child abuse cases, found that positive outcomes were linked with a holistic family approach, agreed expectations between parents and workers, a move away from concepts of "child rescue", and recognition of the important role of parents. Parents, who recognised the power of statutory workers, valued higher levels of contact from workers able to meet their needs, and deliver what they said, particularly at times of increased stress. Forrester et al's research (2008) using case scenarios found that empathetic responses by social workers engendered less resistance from parents, and therefore parents disclosed more information.

Baistow and Hetherington's (1998) research also found that some families *"reported feeling positive, in the longer term, about Social Services' involvement, either because they had been helped, or because they had 'come round' to their social worker's perception of the problem"* (p120). Cleaver and Freeman (1995), in their study of cases of suspected child abuse, argue that over time the perceptions of parents and professionals become more consentient; at a 2 year follow up, initial hostility tended to fade, and improvements were frequently observed in parenting skills and attitudes to statutory authorities. The authors hypothesise that operational perspectives of parents and professionals needed to come together to facilitate successful outcomes.

The broader issue of the role of mothers within the child protection system and the tendency of professionals to apportion responsibility to mothers has been well researched (Milner, 1996; Farmer and Owen, 1995; Featherstone, 1997). In relation to domestic violence, Hester and Pearson (1998) found evidence of victims feeling blamed by child protection staff for not having ensured the safety of their children. Stanley et al (2010) found that social services interventions with children and families following domestic violence incidents were frequently

short lived. Research that has addressed the treatment of non-abusing mothers whose children have been sexually abused has found evidence of professionals withdrawing services in the expectation that mothers could protect their children (Hooper, 1992; Sharland et al, 1996; Buckley, 2003), with the result that the ongoing impact of the abuse in the family was not addressed.

Fraser et al (2008), exploring the impact of Parental Substance Misuse on Children, found evidence of parents being motivated to change their drug / alcohol habits by their wish to continue, or to resume, caring for their children. They also found evidence of parental appreciation of direct help for themselves by drug and alcohol services.

Studies focusing on ethnicity rather than child protection (Thoburn et al (1995); Thoburn, Chand and Proctor (2005); Quereshi et al (2000)) have found that black and ethnic minority families have generally coped no worse than white families; deprivation and income levels and standards of housing tend to be more powerful variables than ethnicity. However, there is agreement that families new to the UK found child protection systems confusing and anxiety provoking.

Notions of power and partnership are important to understanding of relationships between professionals and service users. Foucault's analysis of power, discussed by Fook (2002), recognises that power is exercised through the processes and structures of social relations. Power can be used to "control and restrict, to form and transform" (p.52); what is important is how power is exercised. In the context of child protection interventions, Dumbrill (2006) highlights the importance of recognising power differentials between service users and professionals, particularly at the start of involvement; parents value professionals using power to help them rather than as a form of control. Corby and Petrie (2003) identify a continuum involving: *"providing information; involvement; participation; and partnership"* which is *"not an end in itself but a means by which children are to be protected and their welfare promoted"* (p388). The empowerment of parents and carers to be more actively involved in child protection interventions is a complex and multi-layered process which involves recognising how they and the professionals working with them exercise power, and the impact this has on the safety and welfare of the child.

Discussions around the feminist "ethics of care" can help advance understanding of professionalism, particularly as it relates to social work practice. Whereas a bureaucratic approach to child protection may emphasise rationality, objectivity and assessment through adherence to procedures, the ethics of care focus on the importance of the relationship with the service user, and the development of understanding through communication, interpretation and dialogue (Parton, 2011). According to Williams (1999) such practice is characterised by attentiveness, responsiveness, negotiation and mutual recognition. This approach may seem somewhat at odds with contemporary child protection practice, particularly given Lord Laming's emphasis on the importance of "healthy scepticism" and "respectful uncertainty" (Laming 2003) in social work dealings with families; and the Serious Case Review of Peter Connelly (February 2009) calls for more "authoritative" safeguarding practice. However, the deployment of statutory power with professional authority is not incompatible with compassion and an empathetic approach. Munro highlights a growing imbalance in child protection work, with a focus on technical solutions, rules and procedures, rather than recognition of the importance of the skills to engage with families (Munro, 2011). Her emphasis on "building strong relationships with children and families with compassion" (1.29) and on a more reflective learning approach will be important in taking forward the findings from the research highlighted in this article.

Background to the Study

This research was made possible by the NSPCC seconding an experienced Children's Services Manager to the Nationwide Children's Research Centre (NCRC) in Huddersfield during 2008. Three Safeguarding Boards in the North of England agreed to participate in the research. The lead researcher was assisted by two other researchers, both qualified social workers.

Objectives and Methodology

Main aims of the research were to explore parents' experiences of child protection systems, including information provided, assessments, case conferences, and core groups; their experiences of consultation and support; and their views about factors impacting on their ability to parent their children.

Parents whose children had been subject to a Child Protection Plan in the year prior to April 2008 were eligible to take part, enabling parents with recent experience of the child protection system to be included. The period covered was from the first referral to child protection services, through assessment processes, initial and review conferences, up to the final review at which child protection plans were no longer required: typically a period of 6 – 18 months.

A list of eligible parents was compiled by each authority. Reasons for not being involved in the research included ongoing Court proceedings, threat of violence, or serious health issues. The intention was for participants in the research to broadly reflect the diversity of local populations, and to involve fathers as well as mothers. The process whereby key staff in each Authority were identified and sought to contact families was lengthy, and exacerbated by the repercussions of the "Baby Peter Connelly" case, and increased demands on staff time. This led to the final sample not being as representative as had been intended.

A detailed interview schedule was prepared and piloted prior to the start of the research project. The semi-structured interview enabled the researchers to obtain in depth accounts of the experiences of parents and carers and how they ascribed meaning to their experiences. Parents were given a choice about location of interviews, and all requested to be interviewed in their own homes, with the exception of one interpreter assisted interview in a children's centre for a South Asian mother.

Confidentiality was assured, subject to the researchers' duty to pass on information about potential harm to children or adults. The research design received detailed scrutiny and approval from the Ethics Committee at one of the Universities involved.

All the data collected for the study is based on uncorroborated self-report data from parents/carers. Researchers were provided solely with names and contact details. The only information checked with agencies was that of category of registration where parents were unsure about this.

Use of the N-Vivo software package enabled systematic coding of all aspects of the reported experience of parents. Reliability of the data analysis was enhanced by the three researchers examining and reviewing coding themes emerging from the transcripts.

Demographic Context and Information about Participants

The three (contiguous) authorities had a total population of over one million. They were all in the upper quartile of the Government's index of deprivation (2007). White British was the largest ethnic group in each authority: people of Asian origin were by far the largest minority group, 20% in authority D, 12% in E and 6% in F.

Child protection registrations were slightly below the national average (for 2009) of 27 per 10,000 in each authority. For the three authorities combined, proportions of children in each registration category mirrored almost exactly national figures (neglect 48%; emotional abuse 22%; physical abuse 14%; sexual abuse 5.5%, national average 6%) A further 10% were registered under a category of multiple causes in authority E (national average 9%).

Forty-seven adults from 42 families took part. There was an even spread across the three authorities. Further information is provided in **Tables (i) and (ii)**.

Table (i): Adult Participants

	Female	Male		Total
Gender	39	8		47
	White British	British Asian	Dual Heritage	
Ethnicity (for main interviewees)	36	5	1	42
Category of Registration				
Neglect	Sexual Abuse	Physical Abuse	Emotional Abuse	
23	6	9	6 (2 joint)	42

Table (ii): Children of participants

	Under 10	10+
Boys 64	35	29
Girls 67	45	22
Total 131	80	51

Registration levels for black and ethnic minority children in authorities D and E were high (29% in D, and 21% in E), higher than demographic indicators. Table (ii) shows that only 6 out of 42 families (14%) were from minority ethnic groups (5 Asian). Black and ethnic minority (particularly Asian) families, were clearly under-represented in the study. The research probably did not reach non English speaking Asian families effectively. The research did not find clear differences between the experiences of ethnic minority and white British parents. Out of the group of 6 ethnic minority parents, none of them were employed, all were single, and four of them had no support from their families; these factors may have heightened their vulnerability.

Mean family size was 2.8 children, not including one family with fourteen children. Most parents/carers interviewed were in their twenties (N = 20); thirties (N = 12); or forties (N = 7). Two were under twenty, and one over fifty. The mean age for mothers when their first child was born was under twenty for two authorities, and 21.8 in the third. Most parents said they had support from their families (N = 30); ten said that they had no such help. Of the interviewees, three were grandmothers who had assumed care of the children as a result of

the child protection issues. Eight fathers participated in the interviews, usually alongside their partner. Twenty-eight of the interviewees were single mothers.

Nineteen parents described their health as good; eight as average; and fifteen as poor. In the families included in the study, eleven had a child with a disability; and three parents had disabilities themselves. Disability issues were not a focus of the study. However, a third of the families contacted were affected by disability, which may be an indicator of the vulnerability of such families. Without exception all the parents/carers rated the disability as having a significant impact on their parenting.

Evidence from Parents

Figure 1 below summarises parents' responses when asked to identify which issues had impacted most on their parenting:

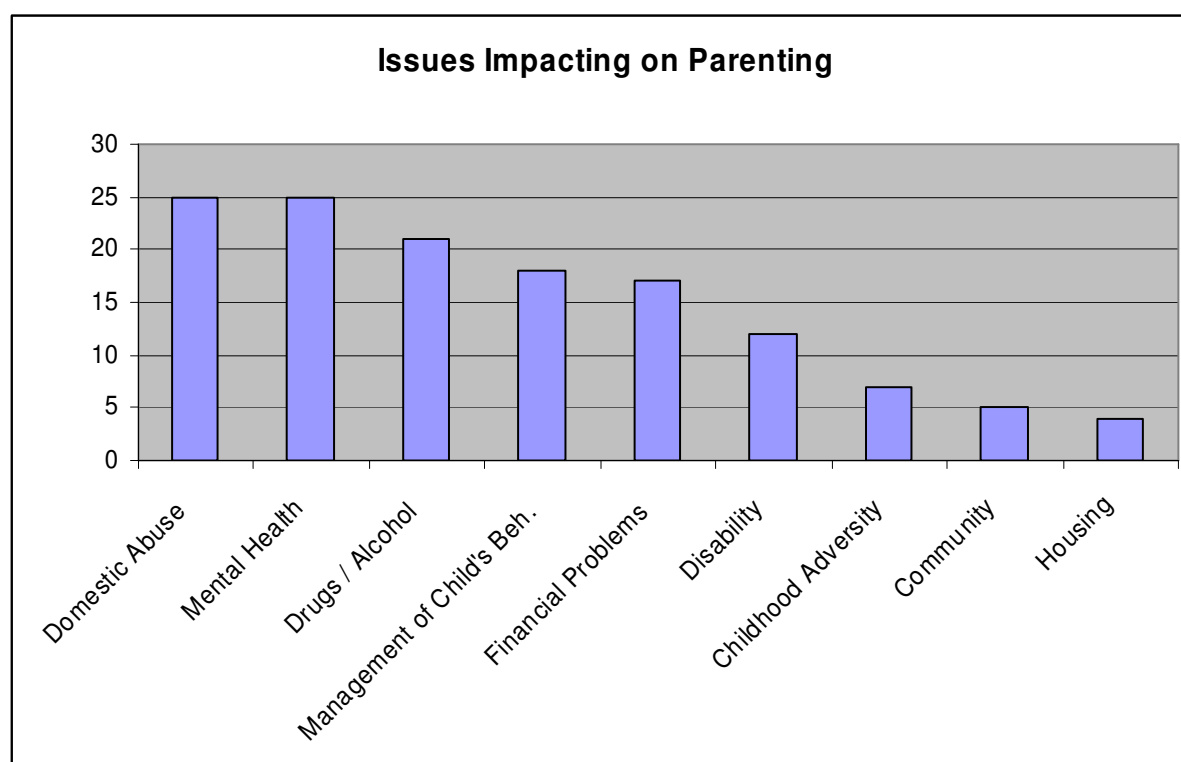


Figure 1 – Issues Impacting on Parenting

Issues Impacting on Parenting

Drug / Alcohol issues

Nearly half the parents (N=21) described drugs/alcohol issues as a significant factor, in the decision for their children to be made subject to a Child Protection Plan. Sixteen families had contact with a Drug/Alcohol Service, or sought support from another agency with this issue. Thirteen families reported receiving positive levels of support from these agencies, which made a significant difference to their lives. Positive empowerment characterised the experience of this group of parents. This group included parents taking heroin, or drinking heavily, and parents who acknowledged, with hindsight, that their children were seriously

neglected as a result of their drug/alcohol use. Some of these parents spoke eloquently about the dramatic changes that came about as a result of their children being subject to a Child Protection Plan. For example, a single mother who had been drinking heavily described her initial reluctance to engage with social workers; but, when her children were made subject to a Child Protection Plan, she was supported with a comprehensive package of services, including practical and emotional support for herself and her children. This mother successfully addressed her alcohol problem and felt that her quality of life, and that of her children, had improved immensely.

A young heroin-using mother, who had been at risk of losing both her children, had equally positive experiences of support. This motivated her to engage with the Drugs Service to cease using heroin and provide adequate care for her children. She received help with housing and support to improve her parenting skills. She recognised the neglect her children had experienced and was proud of what she had achieved with support of the agencies: *"This made my family what we are now"*. Parents said in their interviews that it was the combination of monitoring by Child Protection services and opportunities for counselling and support from Drug/Alcohol Services which helped them to change their behaviour, and eventually comply with Child Protection Plans. One young mother described her worker from the Alcohol Support Service: *"She was lovely; I could spend time with her... She referred me to see a GP. I don't like going to see doctors, but I knew I had to do it"*.

Grandparents and fathers were caring for their grandchildren and children in four families as a result of the children's mothers' alcohol or drug problem. In all four cases, the caring relatives were positive about the support provided by Drug and Alcohol Agencies. One grandmother commented: *"The Drug Misuse...guy that was involved with (my daughter) was ... an absolute star"*. Although not unanimous, commendations of Drug/Alcohol Services were emphatic.

Domestic Violence

Parents experiencing domestic abuse gave more mixed accounts of support received. Six women had received good levels of support, whereas eleven felt unsupported. There were only three examples of support from specialised Domestic Abuse Services. Six families (out of 25 who had experienced domestic abuse) reported that children had received, or were waiting to receive, direct work to help them deal with the impact of domestic abuse.

Some parents felt blamed for or embarrassed, and no doubt disempowered regarding the abuse they had experienced. One mother commented: *"Maybe I should not have felt so embarrassed,(by) the fact that I was actually letting it happen. But it (domestic abuse) does happen quite frequently to lots of people. But you don't want to speak out, it's (as though) it's your fault...."* Another mother felt that her experience of domestic abuse counted against her in a Child Protection assessment. She felt that the agencies had failed to recognise that she had secured the safety of her children by separating from her violent partner: *"...that's one of the reasons I split with my husband, to break the chain. I didn't want my kids to suffer."*

A mother whose children were made subject to a Child Protection Plan due to concerns about domestic abuse said that she felt that she was being judged *"...It felt like all the pressure was on me, but I hadn't actually done anything wrong"*. She was told: *"Well, you've got to do this all by yourself'...Once the meeting was done, I was left to my own devices"*.

Another mother with five children and a violent partner with mental health problems said that the issue of domestic abuse and its impact on herself and her daughter was never acknowledged by her social workers. Nor was there any help for her four-year old son who was displaying violent and aggressive behaviour. This mother had separated from her partner after he assaulted her son. Her feeling was that the agencies seemed to think that

once the violence stopped everything would be all-right *"...It was as though I was going through it by myself. I didn't have anyone to talk to about it"*.

Mental Health Issues

Five families considered that their mental health problems were an issue in their past, not relevant to their children being made subject to a Child Protection Plan. Of the other 20 families who highlighted mental health issues, 8 received good levels of support, while a further 6 considered that services were poorly co-ordinated, and a further 6 received no support with mental health problems. One grandmother rated a psychiatrist's support for her daughter, who suffered from Obsessive Compulsive Disorder, very highly. There were also accounts of Social Care staff and Health Visitors encouraging parents to access services. One mother, experiencing acute anxiety while her daughter was at school, was given patient and unstinting support from school staff which enabled her to manage her daughter's school attendance appropriately.

Some parents were reluctant to seek help with mental health problems such as depression. One young mother suffering from Post Natal Depression found that having her baby brought back memories of childhood neglect, *"...I used to cry all the time and I'd have really terrifying nightmares. I'd get all these thoughts of what my Mum used to do to me when I (was) a kid."* Her social worker advised her to go to the doctor's, but she never went. What would have helped was: *"If there had been someone I could see once a week, even if it were for half an hour"*.

Another couple felt that their mental health problems were minimised by Safeguarding Agencies. Their intervention seemed to make matters worse. The father said that his partner was suicidal: *"... phoning the Samaritans every night, spending all her time in bed...They knew she (was) falling apart and they offered her nothing at all"*. Two mothers felt that their partners needed more support to access mental health services.

Child Protection Processes

Information Provided

The study found that families were not routinely given written information about Child Protection procedures. Families lacking information could not compete on equal terms. Some parents could not understand the information they were given. One parent said *"...It was all double Dutch. I attempted to read it, but it didn't make any sense, it was like reading a Doctor's prescription"*. Parents described how stress and anxiety at the initial stages of investigations impacted on their ability to retain information. From the information received, some parents experienced confusion and misunderstanding about the seriousness and purpose of the Child Protection process. One parent commented: *"...They didn't really make it clear what was actually happening"*. The agencies needed *"...to be more frank with people, not brushing it off as if it's a little speck of dust, and it's not really. It's like a big rolling ball. I'd no idea what I was in for"*.

Experiences of assessment

Half the families commented on their experiences of initial and core assessments. Some of them contrasted the limited time social workers had for this stage, compared with the enhanced level of support from care management teams. Many parents considered that social workers did not acknowledge the level of stress experienced during the assessment process. Four families described concealing information from professionals, either because of not wanting to share sensitive information, for example about domestic abuse or mental

health issues, or because of fears that divulging information about issues such as drug-taking would make removal of their children more likely. Ten parents complained about what they perceived as a deficit (and disempowering) model of assessment. One mother spoke about an assessment report submitted to a Case Conference: *"... There was nothing positive, it was all bad. When you're in a room full of professionals it's not very nice"*. A single mother described feeling *"stressed-out"* because agencies only said *"negative things"* about her parenting. Eleven parents commented on the lack of time they were given to read and reflect on assessment reports written about them, prepared for Case Conferences. They felt that they needed time and help to understand what had been written.

By contrast, when parents' strengths were recognised by professionals, this clearly empowered them and improved their morale. One mother, who had had a negative experience of professionals previously, spoke eloquently about how social workers' belief in her ability to change motivated her to seek help and focus on the needs of her children: *"...They told me ...I've got the potential to do it. I've just got to get my mind in the right place"*.

Case conferences and child protection plans

Most parents (N = 37) experienced Case Conferences as daunting and intimidating, and as difficult places to express their point of view, or to contribute on a basis of equality. The number of professionals attending concerned parents. One parent said that Case Conferences were *"...very heavy and quite draining. I used to feel quite ill when I came out"*. Another parent said she never had a chance *"...to give my point of view. I did try ...but I never talked ...there were so many people"*. Another parent was *...more nervous than anything ...walking into a Lion's den, like being thrown to the wolves"*. In the areas included in this study, children's involvement in conferences was not common practice.

One of the parents described feeling... *"like a criminal"*. Another was happy that someone was listening to her and that she was being helped, *"...but, at the same time, it's not like you are being ridiculed, that's the wrong word, but everyone is pointing the finger at you"*.

Several parents referred in very positive terms to support received from Conference Chairs. Parents were also consistently positive about their experience at Core Group meetings, in which the atmosphere was more relaxed and parents felt more able to contribute.

Numbers of parents who agreed (N = 19) and who disagreed (N = 17) with decisions for their children to be made subject to Child Protection Plans were fairly evenly split. Of those who did not agree with the decision, 5 families indicated that they did have an understanding of the Safeguarding responsibilities of professionals working with children, and they were able to empathise with their role. One parent stated: *"It's hard to understand in a way because I knew my family situation ...But I could see it from their point of view."* Another commented: *"Well ...they were only doing their job ...they just thought I wasn't looking after my children properly"*.

Reasons given for agreeing with the decision to make a child subject to a Child Protection Plan varied. Some parents clearly viewed children being subject to a Plan as a means of accessing support for themselves and their children, and others as offering reassurance about the child's safety. For example, in situations where women had been experiencing domestic abuse, some felt that the Plan enabled professionals to offer support to protect the children from further abuse. Other families spoke of the structure and focus of a Child Protection Plan putting them in a position whereby they had to confront the risks faced by their children. The plan could help parents access services to bring about changes in their lives in order to ensure their children's safety.

Eighteen parents' felt the Child Protection Plan had made a positive difference to their family. One mother said that she had to "...change my way of thinking ...realising some things I did wrong before ...It gave us something to work towards". Another mother felt "...a lot better since I worked with Social Services. I've grown up a lot ...You feel better as a parent. You feel you're doing the right thing by the kids". Other parents (N = 14) were unsure whether the Plan had made a difference; some (N = 6) did not feel it had helped, and four parents could not remember a Plan having been made.

Consultation and decision making

Parents' views about being consulted and involved in decisions varied widely. Eighteen were very positive about consultation processes, stating that their ideas were always given due consideration. A single father described how decisions about his daughters were agreed through a process of negotiation. One mother described being "...involved in every decision on what was going to happen next".

Six parents felt they had limited influence on decision making, but still felt respected and listened to. Some felt that their influence on decisions was limited: "...I was consulted, I was involved, but obviously some decisions I couldn't be involved with". Another parent felt: "...I wasn't involved in any decisions, but they explained (things) very well, and they listened". Seventeen parents did not feel involved or consulted at all. Some felt decisions were made before meetings started. One couple felt they could not contribute to decisions being made. They said "...from her being born until her coming home...we were kept in the dark about a lot of things". Another mother said: "...They always asked us, but our view didn't matter. They said: 'We still want to know your views', but it never made a difference". Four families said that the level of consultation was heavily dependent on which social worker was working with them at the time.

Families where mothers had serious disabilities or health problems were critical of consultation which paid too little regard to these factors. Parental and child disability appeared to be rather more closely linked to adverse outcomes than single parenthood or ethnicity in this study.

Role of Professionals

Thirty-two parents, including some who disagreed with actions taken by agencies, were able to form a positive working relationship with at least one professional. Many parents recognised positive qualities in their social workers. Listening skills were valued by parents. One said about her social worker "...She explained a lot more and ...listened to me in ...more detail". Clarity and honesty about reasons for agency involvement were appreciated. "Being open and honest, I think works a lot better. You know where you stand. You know what you've got to do. You know what will happen if you don't". Another mother said that her social worker "...told me straight if there was anything to worry about ...I felt I could talk to her".

One former drug using mother who said: "...People think (Social Services) just come and take your children ..., and it's not the case....They...give you a chance to sort yourself out". A couple who disagreed with the involvement of Child Protection agencies acknowledged that "...they had (baby)'s best interest at heart ...they did do their job properly". Parents particularly appreciated social workers who spent time with their children. Practical support was also welcomed. Parents liked social workers who were reliable and organised with clear plans being followed through. One parent said: "...If she (social worker) was going to do something, she told me what she was going to do". Another said "...I came here and everything made sense; it was just so much more organised and planned, and it worked". One mother who had been abused herself as a child appreciated the time her social worker

spent with her to address issues from her own childhood: *"She'd actually come to see me on my own so I could tell her about my family history. It had always been in my mind"*.

One parent said: *"...When I've had a good social worker I've received all the support I've asked for"*. Another parent said: *"...I've found all the support and everything really helpful because I haven't got a close family network. I found having someone to talk to a real help. I've learnt a lot"*.

Nineteen families commented critically on the numbers of social workers involved with them highlighting in particular the discomfort experienced in being expected to share detailed personal information with different people. Twelve parents experienced professionals as lacking empathy. One mother whose partner had allegedly sexually abused her daughter had said to social workers: *"...When he finds out what's been said, he'll just want to kill himself. They said, 'Well, that's not our problem' "*.

Standards of service between and within the three authorities varied widely. Five parents needed counselling which was not readily available. Children in only four families with a background of domestic abuse were receiving individual support. There was also little evidence of joint therapeutic work involving children and parents. Direct support for children was not readily available. One mother commented on the need for longer term interventions with children: *"...They're only children at the end of the day, they're not going to open up straight away, it takes time"*. Practical support was not always perceived by agencies as a priority. Most parents (13 / 18) with concerns about children's behaviour problems said that they received no help in this area.

Most (three-quarters) of the families were clear about the role of agencies involved in Child Protection. They understood clearly the different and complementary roles of professionals involved in safeguarding. Nearly two-thirds of families considered that inter-agency communication and decision making worked well, a higher proportion than has been found in the Department of Health's biennial studies of Serious Case Reviews. Reservations expressed related to communication between police and social services in cases of sexual harm. Participants were clear about the roles and duties of social workers. Some said that the "Baby Peter Connelly" case had made them realise that social workers had to be diligent and persistent. Although there were examples of parents feeling stigmatised by social workers, for example because of drug use, other parents saw involvement with Child Protection services positively, as a means of accessing help or services. Positive contributions made by schools were frequently mentioned.

Discussion

No claims are made that the views of parents interviewed in this study are generally representative of parents in the Child Protection system. Parents whose children were involved in court proceedings were mainly not included in this study and others with a recent criminal background were not invited to take part. Parents from minority ethnic groups and fathers were under represented. It is, however, suggested that the range of views of participants in this study are more likely to be shared by other parents whose children have, in the recent past, met the requirements of child protection agencies and are no longer subject to their supervision. Parents who took part in the study appeared to welcome the opportunity to talk about, and reflect on, their experience and many said that they found this helpful, and, to a degree empowering, hoped that their experience could improve practice for other families.

Many participants felt relieved that their children were no longer subject to child protection plans, reinforcing Baistow and Hetherington's (1998) observation that some families involved

with Child Protection services 'come round' to social workers' perception of problems. A number of factors could explain this. Child protection workers may become more aware of service users difficulties as they get to know them better; and this may be paralleled by families demonstrating improved parenting skills as a result of guidance received from professionals. There is also evidence that families with children registered for problems related to alcohol and drug abuse benefitted from treatment received, and better understood how their previous lifestyle adversely impacted on their children. Another obvious factor was that it was in parents' interests to accept child protection agencies' assessment in order to bring an end to their involvement with their family.

Participants valued social workers and other professionals who listened to their point of view and who were respectful, honest and consistent. Implications for practice are that investment in working with parents, and responding to the needs of the whole family, can produce positive results. This is consistent with previous research and with Munro's (2011) emphasis on relationship-based social work practice. One of the key principles for an effective child protection system, highlighted by Munro (2.24), is engagement with parents and carers, which includes respect and challenge, support and appropriate use of authority.

Of the triangle of factors, domestic violence, mental health issues and substance misuse, impacting most adversely on parenting, the most hopeful evidence in this study related to parents addressing problems with drugs and alcohol. A high proportion of these families commended the contributions of specialist drug and alcohol agencies. Echoing the findings of Fraser et al (2009), some parents heavily dependant on substances were motivated to change their habits by their desire to continue or resume caring for their children.

The response of Safeguarding Agencies to problems of domestic abuse seemed more problematic. This research supported the findings of Hester (1998) and Mullender and Hague (2005) that mothers who had experienced domestic abuse either felt blamed, or that their strength of purpose in separating from partners was not recognised, or that the longer term impact of domestic abuse on parents and children was not addressed. Mothers needed more help from safeguarding agencies with their feelings of shame and isolation. Participants had mixed experience of mental health services. Child Protection social workers themselves probably did most to address parents' mental health needs. Mental health services for children and parents were appreciated, but not always accessible.

Our findings highlight the stress experienced by families at all stages of Child Protection investigations. Mothers with disabilities or serious health problems, or with disabled children, seemed particularly vulnerable. Stress can stop parents absorbing information and, therefore, how much has been understood by parents needs to be checked regularly. Stress engendered by attending Case Conferences was only too evident from parents' accounts. Parents were particularly dismayed if they had not had an opportunity to absorb what had been written about them. This in turn impacted on their ability to contribute to Case Conferences. Assessment processes were equally stressful for parents, markedly so when professionals failed to achieve a balance between recognising strengths and analysing risks, resulting in disempowerment. Throughout the Child Protection process, parents' evidence highlights the beneficial effects of positive recognition of their efforts. Encouraging words help. While parents do not expect an equal role in decision making, they do value involvement and being listened to. Social workers' power, clearly recognised by service users, needs to be harnessed to promote the best interests of families. Social work practitioners carrying out complex child protection work need to understand theory about power relations, and to retain an ethical commitment to partnership practice.

Overall, parents' evidence in this study demonstrates the potential for positive outcomes through Child Protection interventions. Many parents had received positive, sometimes life-changing, help. The importance of publicising positive outcomes in Child Protection work

was emphasised by one parent: *"People think they (social workers) are there to take your kids away, but they're not. They are there to help you. I think they need to make people understand that"*

The research reinforces the value of feedback from parents. Parents and carers provided a rich source of knowledge and experience which serves to challenge pre-conceived notions about the passivity of service users in the process of Child Protection interventions. The depth of insight demonstrated in interviews, the ability of parents to reflect on and analyse their experiences, and their clear understanding of the responsibilities of professionals, were evident in many of the interviews conducted for this research. Parents provided eloquent descriptions of the kinds of help they found effective, as well as of approaches which were unhelpful. More direct support and help for children was needed, including with their behaviour. Their judgements mainly seemed balanced, and their understanding of the role of Child Protection professionals was often illuminating.

Safeguarding authorities should find ways of systematically harnessing parents' views and advice, not least to secure improvements in assessment processes and Case Conference settings. The research points to the need to strive for a more consistent response to children and their families when children are made subject to a child protection plan, and the importance of a stable workforce. The ongoing work of the Social Work Task Force and of Professor Eileen Munro reinforce many of the issues highlighted in this study. There is a need to develop skills in engagement and empathy, incorporating a strengths based approach to enable family participation alongside effective risk management. The opportunities that may be provided by developments in social work education, from qualifying Courses, through Newly Qualified status and continuing professional development, need to continue to emphasise the importance of listening to service users, reflecting on and learning from research, and promoting partnership in child protection processes.

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